Vaccination against Varicella.—KLING (*Berlin. klin. Woch.*, 1913, l, 2083) vaccinated children with material derived from the pustules of children with varicella in an institution where there was exposure to the disease in an epidemic form. There was a positive response to the vaccinations in 58 cases where this procedure was applied. In the portion of the institution chiefly affected by the epidemic there were 95 children. Only 1 out of 31 vaccinated children developed the disease, while over two-thirds (44 out of 64) of those not vaccinated had typical varicella. The technique of the procedure is very similar to that of vaccination for smallpox. On the eighth day after the inoculation, one or usually several red papules develop that become vesicular within twenty-four hours. The vesicles are surrounded by a reddened area that increases in extent for two or three days. On the third or fourth day the vesicles dry up and in two and a half weeks the scab drops off. The general assumption that varicella is harmless and amounts to no more than a contagious skin disease is, according to Kling, very often false, and especially false in institutions where it may develop into a malignant form. Erysipelas and general septicemia may originate from secondary infection of the pustules, while pneumonia, nephritis, extensive gangrene of the skin are complications that are not rare in institutional cases.

The Effects of Emetine on Abscess of the Liver.—SPITTEL (*British Med. Jour.*, 1913, 2756, 1058) reports a case of probable amebic abscess of the liver treated by a combination of subcutaneous injections of emetine hydrochloride and surgery. This patient died, not from the liver abscess, but from too early removal of drainage tubes and subsequent infection of the peritoneal cavity. The noteworthy facts of this case were that the cavity in the liver, which at the time of operation contained one and a half pints of pus, was found nine days later to have a capacity for only four ounces, while a very rapid advance of fibrosis was proceeding throughout the abscess wall. Several separate foci of pus had been rendered inert and showed microscopically the beginning of fibrosis. Spittel believes that mere evacuation of pus and local treatment could not account for this result even if they did for the former. Spittel notes that Rogers has recorded a case in which encystment of a small liver abscess occurred under emetine. Spittel says that in future he will give preference to Roger's method of dealing with liver abscesses—namely, to aspirate them, inject emetine hydrochloride (1 grain to 1 ounce of water), before withdrawing the cannula, sealing the puncture with collodion, and repeating the procedure on a future occasion if required.

The Therapeutic Use of Camphor.—LEO (*Münch. med. Woch.*, 1913, lx, 2397), experimentally was able to protect mice against pneumococcus infections by subcutaneous injections of saturated solutions of camphor in water. He believes that camphor is able to kill pneumococci in the blood besides acting as a respiratory and cardiac stimulant. Leo gave the camphor solution in doses of 5 c.c. per kilogram of body weight in his animal experiments, but as this dosage produced muscular twitching he advises smaller proportional doses for its use in human beings. For this purpose he recommends a saturated solution of camphor in Ringer's fluid, giving from 150 to 200 c.c. to patients having an average weight of 60 kilos. A saturated solution of camphor in Ringer's solution is equivalent to 0.142 gm. camphor per 100 c.c., and therefore these doses correspond to from 0.21 to 0.28 gm. of camphor. He quotes Lenzmann who has given 75 c.c., corresponding to 0.1 gm. camphor intravenously. No bad effects such as pain, infiltration, or thrombosis have been observed with the intravenous use. He constantly found an increase of blood pressure equivalent to 20 to 30 mg. of mercury as a result of these intravenous injections of camphor solutions. Leo says that Weintrand has also used intravenous injections of a 0.1 per cent. camphor solution, giving from 250 to 350 c.c. with no untoward local or general effects. He advocates the use of such a solution in place of the usual infusion of normal saline.

The Etiology and Vaccine Treatment of Hodgkin's Disease.—Billings and Rosenow (*Jour. Amer. Med. Assoc.*, 1913, lxi, 2122) confirm the findings of Bunting and Yates and Negri and Mieremet, who described a bacillus that they cultivated successfully from the lymph nodes in Hodgkin's disease. Billings and Rosenow were able to isolate such a bacillus from the lymph nodes in 12 cases of Hodgkin's disease. They treated these cases with autogenous vaccine except in one patient, who received the vaccine prepared from other patients. The vaccine was first given in the dose of from 5,000,000 to 10,000,000 and gradually increased to a maximum of 100,000,000. The vaccine was given subcutaneously and repeated every five to seven days. They have not used it intravenously, but have considered that method of application in obstinate and extreme conditions. In febrile patients the second or third dose has been associated with a reaction consisting of a rise in temperature (in one patient to 107° F.), rapid pulse, and general weakness and discomfort. In non-febrile patients only slight general reaction may occur with a rise of one or two degrees of temperature, slight general muscular aching and debility. In addition to the vaccine treatment they used Röntgen treatment in the majority of the cases treated. Billings and Rosenow state that in 6 of the hospital patients there was a uniform and relatively rapid decrease in the size of the lymph nodes, one of these without Röntgen treatment. One patient treated out of the hospital with the vaccines alone, with very large lymph nodes, markedly enlarged spleen and febrile, had a violent general reaction with the third dose, then became afebrile, and the swellings of the lymph nodes and splenomegaly rapidly diminished. Reports from physicians on two of this series show favorable progress with gradual diminution of the lymph nodes and general improvement. Two of the series died; one with marked enlargement of the mediastinal lymph nodes died soon after the third vaccination and the other, also with involvement of the mediastinal lymph nodes died from the result of mediastinal pressure after only one autogenous vaccination. One patient is apparently cured. There are no palpably enlarged lymph nodes; the formerly much enlarged spleen is no longer palpable; the blood picture is normal; his weight and strength are normal. Billings and Rosenow present this communication as a preliminary note with the hope that the clinical study may be carried on by others.